DEPARTMENT OF REVENUE

NEAR FINAL DRAFT 11/13/26

* 2 4 0 1 1 *

2024 M4, Corporation Franchise Tax Return

Do not use staples on anything you submit.

Tax year beginning (MM/DD/YYYY) MM / DD / YYYY and ending (MM/DD/YYYY) MM / DD / YYYY

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXX **Name of Corporation/Designated Filer**	0123456789 **FEIN**	0123456789 **Minnesota Tax ID Number**
MAILING ADDRESSXXXXXXXXXXXXX **Mailing Address** X **Check if new address**	0123456789 **Business Activity Code (from federal)**	
CITYXXXXXXXXXXXXXX **City**	MN **State**	55418 **ZIP Code**
FORMER NAME XXXXXXXXXXXXXXXXXXXXXXX **Former Name (if changed since 2023 return)**	PARENT NAME IF DIFFEREN 0123456789 **Federal Consolidated Common Parent Name (if different)** **FEIN**	

X **Check if filing a combined income return**

X **Check if reporting Tax Position Disclosure (Enclose Form TPD)**

Is this your final C corporation return? If yes, indicate if:

X **Withdrawn** X **Dissolved** X **Merged** X **S corp election**

Check if a member of the group (place an X in the boxes that apply):

X **is claiming Public Law 86-272** X **is a Co-op** X **is in Bankruptcy** X **owns a captive insurance company**

Has a federal examination been finalized? (list years) 1999 1999 1999

Is a federal examination now in progress? (list years) 1999 1999 1999

Tax years and expiration date(s) of federal waivers: 1999 1999 1999

Report changes to federal income tax within 180 days of final determination. If there is a change in tax, you must report it on Form M4X.

You must round amounts to nearest whole dollar

1	Minnesota tax liability *(from M4T, line 28)*	123456789
2	Minnesota Nongame Wildlife Fund donation *(see instructions, pg. 6)*	123456789
3	Add lines 1 and 2	123456789
4	Enterprise Zone Credit *(attach Enterprise Zone Credit Form)*	123456789
5	Credit for Historic Structure Rehabilitation *(attach credit certificate)*	123456789
	Enter National Park Service (NPS) project number: 123456789	
6	Credit for Sustainable Aviation Fuel	123456789
	Enter certificate number from the Department of Agriculture: 123456789	
7	Minnesota backup withholding	123456789
8	Amount credited from your 2023 return	123456789
9	Total corporate estimated tax payments made for 2024	123456789
10	2024 extension payment	123456789
11	Add lines 4 through 10	123456789
12	Tax due. If line 3 is more than line 11, subtract line 11 from line 3	123456789
13	Penalty *(see instructions, pg. 6 and 7)*	123456789

Continued next page

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NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXX | 0123456789 | 0123456789

Name of Corporation/Designated Filer | FEIN | Minnesota Tax ID

14 Interest *(see instructions, pg. 7)* . . . . . **14** ■ 123456789

15 Additional charge for underpayment of estimated tax *(attach Schedule M15C)* . . . . . **15** ■ 123456789

16 AMOUNT DUE. If you entered an amount on line 12, add lines 12 through 15

Payment Method: [X] Electronic *(see inst., pg. 3)*, or [X] Check *(see inst., pg. 3)* . . . . . **16** ■ 123456789

17 Overpayment. If line 11 is more than the sum of lines 3 and 13 through 15, subtract line 3 and 13 through line 15 from line 11. If line 11 is less than the sum of lines 3 and 13 through 15, see instructions, pg. 7 . . . . . **17** ■ 123456789

18 Amount of line 17 to be credited to your 2025 estimated tax . . . . . **18** ■ 123456789

19 REFUND. Subtract line 18 from line 17 . . . . . **19** ■ 123456789

If you have a refund, you must enter your banking information below.

Account Type:

123456789 | 123456789

[X] **Checking** [X] **Savings** **Routing Number** **Account Number** *(use an account not associated with any foreign banks)*

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature	TITLE **Title**	MM / DD / YYYY **Date (MM/DD/YYYY)**	6515555555 **Direct Phone**
Signature of Preparer	PTIN **PTIN**	MM / DD / YYYY **Date (MM/DD/YYYY)**	6515555555 **Preparer's Direct Phone**
NAME OF PERSON TO CONTACT **Print name of person to contact within corporation to discuss this return**	TITLE **Title**		6515555555 **Direct Phone**

Include a complete copy of your federal return including schedules as filed with the IRS.

If you're paying by check, see instructions, page 3.

Mail to: Minnesota Department of Revenue
Mail Station 1250
600 N. Robert St.
St. Paul, MN 55146-1250

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

[X] I do not want my paid preparer to file my return electronically.

DEPARTMENT OF REVENUE

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2024 M4I, Income Calculation

See instructions beginning on page 8.

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXX | 0123456789 | 0123456789

Name of Corporation/Designated Filer | FEIN | Minnesota Tax ID

You must round amounts to nearest whole dollar

1 a. Federal taxable income before net operating loss deduction and special deductions *(from federal Form 1120, line 28, or see inst., pg. 8)* . . . . . **1a** ■ 123456789

b. Interest expense limitation for combined reports . . . . . **1b** ■ 123456789

2 Additions to income

a. Federal deduction taken for taxes based on net income and minimum fee. . . . **2a** ■ 123456789

b. Federal deduction for capital losses *(IRC sections 1211 and 1212)*. . . . . **2b** ■ 123456789

c. Interest income exempt from federal income tax. . . . . **2c** ■ 123456789

d. Exempt interest dividends *(IRC section 852[b][5])* . . . . . **2d** ■ 123456789

e. Losses from mining operations subject to occupation tax. . . . . **2e** ■ 123456789

f. Federal deduction for percentage depletion *(IRC sections 611-614 and 291)* . . **2f** ■ 123456789

g. Federal bonus depreciation and suspended loss *(IRC section 168[k])*. . . . . **2g** ■ 123456789

h. Addition due to federal changes not adopted by Minnesota *(Schedule M4NC, line 17)* . . . . . **2h** ■

i. This line intentionally left blank . . . . . **2i** ■

j. This line intentionally left blank . . . . . **2j** ■

k. This line intentionally left blank . . . . . **2k** ■

Total additions *(add lines 2a through 2k)* . . . . . **2** ■ 123456789

3 Total *(add lines 1a, 1b, and 2)* **3** 123456789

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2024 M4I, Page 2

See instructions beginning on page 9.

* 2 4 4 1 2 1 *

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXX
Name of Corporation/Designated Filer

0123456789
FEIN

0123456789
Minnesota Tax ID

4 Subtractions from income

a. Refund of taxes based on net income included in federal taxable income	**4a**	123456789
b. Minnesota deduction for capital losses	**4b**	123456789
c. Certain federal credit expenses *(see instructions, pg. 10; attach schedule)*	**4c**	123456789
d. Gross-up for foreign taxes deemed paid under IRC section 78	**4d**	123456789
e. Expenses relating to income taxable by Minnesota, but federally exempt	**4e**	123456789
f. Dividends paid by a bank to the U.S. government on preferred stock	**4f**	123456789
g. Income/gains from mining operations subject to the occupation tax	**4g**	123456789
h. Deduction for cost depletion	**4h**	123456789
i. Subtraction for prior bonus depreciation addback	**4i**	123456789
j. Subtraction for prior IRC section 179 addback	**4j**	123456789
k. Delayed business interest	**4k**	123456789
l. Deferred Foreign Income/Employee Retention Credit	**4l**	123456789
m. Disallowed section 280E expenses of a licensed cannabis or hemp business	**4m**	123456789
n. Subtraction due to federal changes not adopted by Minnesota *(Schedule M4NC, line 17, as a positive number)*	**4n**	123456789
o. This line intentionally left blank	**4o**	
p. This line intentionally left blank	**4p**	
q. This line intentionally left blank	**4q**	
r. This line intentionally left blank	**4r**	
Total subtractions *(add lines 4a through 4r)*	**4**	123456789
5 Intercompany eliminations *(attach schedule)*	**5**	123456789
6 Add lines 4 and 5	**6**	123456789
7 Minnesota net income *(subtract line 6 from line 3)*	**7**	123456789
8 Total nonapportionable income *(see instructions, pg. 11; attach schedule)*	**8**	123456789
9 Minnesota apportionable income *(subtract line 8 from line 7).* **Enter on Form M4T, line 1**	**9**	123456789

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2024 M4A, Apportionment/Fee Calculation

	A	B_1	B_2	B_3
		Single/Designated Filer		
Corporation Name		NAMEXXXXXX	NAMEXXXXXX	NAMEXXXXXX
FEIN		1234567890	1234567890	1234567890
Minnesota Tax ID		1234567890	1234567890	1234567890
	Total in and outside Minnesota	**In Minnesota**	**In Minnesota**	**In Minnesota**
1 Average inventory	a1 ■ 1234567890	b1 1234567890	c1 1234567890	
2 Average tangible property and land owned/used *(at original cost)*	a2 ■ 1234567890	b2 1234567890	c2 1234567890	
3 Capitalized rents *(gross rents x 8)*	a3 ■ 1234567890	b3 1234567890	c3 1234567890	
4 Total property *(add lines 1, 2 and 3)*	a4 ■ 1234567890	b4 1234567890	c4 1234567890	
5 Payroll/officer's compensation	a5 ■ 1234567890	b5 1234567890	c5 1234567890	
6 MN sales or receipts	a6 ■ 1234567890	b6 1234567890	c6 1234567890	
7 MN sales of non-filing entities *(see instructions pg. 12)*	a7 ■ 1234567890	b7 1234567890	c7 1234567890	
8 Sales or receipts *(add lines 6 and 7)* *(Financial institutions: see inst., pg. 14)* **8** ■ 123456789	a8 ■ 1234567890	b8 1234567890	c8 1234567890	
9 Minnesota apportionment factor *(divide each line 8B amount by line 8A; carry to six decimal places)* **Enter amounts on Form M4T, line 2.**	a9 ■ 1234567890	b9 1234567890	c9 1234567890	
MINIMUM FEE CALCULATION *(see inst., pg. 13)*				
10 Adjustments *(see inst., pg. 13 and 14; attach schedule)*	a10 ■ 1234567890	b10 1234567890	c10 1234567890	
11 Add lines 4, 5, 8 and 10	a11 ■ 1234567890	b11 1234567890	c11 1234567890	
12 Minimum fee *(see table below)* **Enter amounts on Form M4T, line 16.**	a12 ■ 1234567890	b12 1234567890	c12 1234567890	

Minimum Fee Table

If the amount on line 11 is:	**Enter this amount on line 12:**
less than $1,220,000	$0
1,220,000 to $2,439,999	$250
$2,440,000 to $12,199,999	$730
$12,200,000 to $24,389,999	$2,440
$24,390,000 to $48,779,999	$4,890
$48,780,000 or more	$12,200

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2024 M4T, Tax Calculation

		B_1 Single/designated filer		B_2		B_3	
	Corporation Name	NAMEXXXXXX		NAMEXXXXXX		NAMEXXXXXX	
	FEIN	1234567890		1234567890		1234567890	
	Minnesota Tax ID	1234567890		1234567890		1234567890	
1	Minnesota apportionable income *(enter amount from M4I, line 9, in each column)* a**1**	1234567890	b1	1234567890	c1	1234567890	
2	Apportionment factor *(from M4A, line 9)* a**2**	1234567890	b2	1234567890	c2	1234567890	
3	Net income apportioned to Minnesota *(multiply line 1 by line 2)* a**3**	1234567890	b3	1234567890	c3	1234567890	
4a	Minnesota nonapportionable income *(see inst., pg. 15; attach schedule)* a**4a**	1234567890	b4a	1234567890	c4a	1234567890	
4b	Minnesota nonunitary partnership income *(see inst., pg. 15; attach schedule)* a**4b**	1234567890	b4b	1234567890	c4b	1234567890	
5	Taxable net income *(add lines 3, 4a, and 4b)* a**5**	1234567890	b5	1234567890	c5	1234567890	
6	Net operating loss deduction *(from NOL)* a**6**	1234567890	b6	1234567890	c6	1234567890	
7	Subtract line 6 from line 5 . . . . . a**7**	1234567890	b7	1234567890	c7	1234567890	
8	Deduction for dividends received *(see inst., pg. 15)* a**8**	1234567890	b8	1234567890	c8	1234567890	
9	Taxable income *(subtract line 8 from line 7)* a**9**	1234567890	b9	1234567890	c9	1234567890	
10	Regular tax *(multiply line 9 by 0.098; if result is zero or less, leave blank)* a**10**	1234567890	b10	1234567890	c10	1234567890	
11	Alternative minimum tax (AMT) *(from AMTT, line 10)* a**11**	1234567890	b11	1234567890	c11	1234567890	
12	Add lines 10 and 11 . . . . . a**12**	1234567890	b12	1234567890	c12	1234567890	
13	AMT credit *(from AMTT, line 13)* a**13**	1234567890	b13	1234567890	c13	1234567890	
14	Minnesota credit for increasing research activities *(from RD, line 45)* a**14**	1234567890	b14	1234567890	c14	1234567890	
15	Subtract lines 13 and 14 from line 12 . . . . . a**15**	1234567890	b15	1234567890	c15	1234567890	
16	Minimum fee *(from M4A, line 12)* a**16**	1234567890	b16	1234567890	c16	1234567890	
17	Tax liability by corporation *(add lines 15 and 16)* a**17**	1234567890	b17	1234567890	c17	1234567890	
18	Film Production Tax Credit a**18**	1234567890	b18	1234567890	c18	1234567890	
	Enter the credit certificate number: TAXC - 1234567890						
19	Tax Credit for Owners of Agricultural Assets *(see inst.)* a**19**	1234567890	b19	1234567890	c19	1234567890	
20	Employer Transit Pass Credit *(from ETP, line 4)* a**20**	1234567890	b20	1234567890	c20	1234567890	

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	B1 Single/designated filer	B2	B3
Corporation Name	NAMEXXXXXX	NAMEXXXXXX	NAMEXXXXXX
FEIN	1234567890	1234567890	1234567890
Minnesota Tax ID	1234567890	1234567890	1234567890

21	State Housing Tax Credit	a21	1234567890	b21 1234567890	c21	1234567890
	Enter the credit certificate number from Minnesota Housing: SHTC - 1234 - 1234567890					
22	Short Line Railroad Infrastructure Modernization Credit	a22	1234567890	b22 1234567890	c22	1234567890
23	Credit for Sales of Manufactured Home Parks to Cooperatives	a23	1234567890	b23 1234567890	c23	1234567890
24	Carryover credits from prior years *(see instructions)*	a24	1234567890	b24 1234567890	c24	1234567890

	D — Name of Credit	E — Certificate Number	F — Unused Credit	G — MNID
d1	1234567890	e1 1234567890	f1 1234567890	g1 1234567890
d2	1234567890	e2 1234567890	f2 1234567890	g2 1234567890
d3	1234567890	e3 1234567890	f3 1234567890	g3 1234567890

25	LIFO Recapture Tax Deferral	a25	1234567890	b25 1234567890	c25	1234567890
26	Add lines 18 through 25	a26	1234567890	b26 1234567890	c26	1234567890
27	Subtract line 26 from line 17	a27	1234567890	b27 1234567890	c27	1234567890

28 Add all amounts on line 27. This is your **MINNESOTA TAX LIABILITY** **Enter on Form M4, line 1.** 28 1234567890